

Wendell School District
[School Name]
Date: _____

Protected Student:

Name: _____ Grade: _____ ID# _____

Administrator Completing Plan: _____ Title: _____

1. Purpose of the Plan. This safety plan is designed to support the protected student’s physical and emotional safety at school following a report of relationship abuse, dating violence, harassment, or unwanted contact. This plan outlines steps the school will take and strategies the student can use to maintain safety and access to education. This plan is supportive, non-punitive, and does not require a disciplinary finding.

2. **Immediate Safety Measures.** The school will implement the following measures immediately (check all that apply):
 - Adjust class schedules to prevent contact with the other student
 - Provide safe routes for passing periods
 - Assign safe seating in classrooms, cafeteria, and events
 - Provide access to a trusted adult or “go-to” staff member (Name: _____)
 - Allow student to leave class to seek support if feeling unsafe
 - Provide access to counseling or mental-health services
 - Ensure staff supervising common areas are aware of the safety plan (on a need-to-know basis)

3. **Arrival, Passing Periods, and Departure.** To reduce the risk of unwanted contact, the following measures will be implemented (check all that apply):

Arrival

- Student will enter through: _____
- Staff member assigned to monitor (if applicable): _____

Passing Periods

- Student will use the following hallway routes: _____
- Student may leave class early/late by _____ minutes if needed.

Departure

- Student will exit through: _____
- Transportation plan (bus, parent pickup, walking): _____

4. Classes and Activities.

Class Schedule Adjustments (check all that apply):

- The protected student will not share classes with the other student
- If unavoidable, the school will implement:
 - Separate seating
 - Staff monitoring
 - Modified participation expectations

Extracurricular Activities

- Student may continue participating in: _____
- Safety measures for activities: _____

5. Technology and Social Media Safety. The school will support the student in (check all that apply):

- Blocking the other student on school-related platforms
- Reporting any digital harassment to administration
- Preserving evidence (screenshots, messages) for reporting
- Avoiding sharing schedules or location information online

6. Emotional and Academic Support. The school will offer all the following and provide those agreed to by student and parent/guardian (check all that apply):

- Access to school counselor or social worker
- Extensions or flexibility on assignments if the student is impacted
- A quiet space to regulate emotions when needed
- Check-ins with a designated staff member: _____. Frequency of check-ins will be (circle one): daily/weekly/as needed.

7. Student Strategies for Staying Safe. The student may use the following strategies (check all that apply):

- Identify safe adults to approach when feeling unsafe
- Use designated safe spaces: _____
- Travel withy peers during transitions
- Notify staff immediately if other student attempts contact
- Request a break or relocation if feeling overwhelmed

8. **Reporting and Response.** If the protected person experiences or observes any of the following, he/she should report immediately to the person identified below:

- Contact from the other student
- Harassment, intimidation, or retaliation
- Digital communication or indirect messages (such as through peers)
- Safety concerns at school or during activities

Primary contact (name and email/phone number): _____

Secondary contact (name and email/phone number): _____

The school will respond promptly and take appropriate action.

9. **Review and Updates.** This plan will be reviewed within 10 school days; and any time circumstances change or the student requests a review.

10. **Acknowledgement.** This plan has been reviewed with the protected student and parent/guardian. They understand the supports available and how to access help.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Administrator Signature: _____ Date: _____

Printed Name/Title: _____



LEGAL REFERENCE:

Idaho Code Sections

33-1612 – Thorough System of Public Schools

IDAPA 08.02.03.160

ADOPTED: March 17, 2026

AMENDED: